



**COLORADO**

Department of Health Care  
Policy & Financing

## **MINUTES OF THE MEETING OF THE ACC PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)**

These are the meeting minutes from the seventeenth community meeting to discuss the RCCO RFP, the future structure of the ACC Program, and any future waiver filing. The meeting took place at the Colorado Department of Health Care Policy and Financing on March 18th, 2015.

Colorado Capitol Complex, HCPF Offices  
225 E. 16th Ave., 1st Floor Conference Room

**March 18, 2015**

### **1. Call to Order**

Aubrey Hill called the meeting to order.

### **2. Roll Call**

Aubrey Hill called the roll. There were sufficient members for a quorum.

#### **A. Participants (Present and on Conference Call)<sup>1</sup>**

Adam Bean, Brenda L. VonStar, Carol Bruce Fritz, Chavanne Lamb, Christian Koltonski, Donald Moore, Donna Mills, Elisabeth Arenales, Elizabeth Baskett, Elizabeth Forbes, Erin Miller, Gretchen Hammer, John Bartholomew, Kathryn Jantz, Kevin J.D. Wilson, Leah Jardine, Lesley Reeder, Lori Roberts, Marceil Case, Mark Queirolo, Matt Lanphier, Mindy Klowden, Pamela Doyle, Richard Spurlock, Ryan Westrom, Shera Matthews, Susan Mathieu, Todd Lesley.

### **3. Approval of Minutes**

The previous meeting minutes were reviewed. There was a motion to approve the minutes; the motion was seconded and sustained. There were no comments and the minutes were approved as submitted.

---

<sup>1</sup> This list may be incomplete in the event than an attendee did not sign in or identify her/himself on the phone.



## 4. Shared Savings Update

- Gretchen Hammer, Medicaid Director for Colorado, and John Bartholomew, Chief Financial Officer for the Colorado Department of Health Care Policy and Financing, gave the committee an update on the Shared Savings Program.

## 5. ACC RFP and Regional Map Conversation

Kathryn Jantz, ACC Strategy Lead, and Kevin Dunlevy-Wilson of the Department's ACC Strategy Unit provided an update to the committee on the forthcoming RFP, and a potential waiver filing. They discussed with the committee the Department's previous request for assistance with developing revised regional maps for the ACC Program.

- Kevin J.D. Wilson: We are thankful to the committee for continuing this important conversation from last month. We heard loud and clear from the Request for Information (RFI) that we should create an aligned map between RCCOs and BHOs. Because these maps are different today, we asked for your help last month.
- We asked "what should be the most important factors we consider as we assess the appropriateness of a potential map? The exact wording of the request we're bringing to you today:

**The Department asks the PIAC to provide a single document (rather than individual responses from PIAC members) with an overall ranking of the criteria that should be used in developing the map for the next iteration of the ACC.**

**Please prioritize the following criteria that were advocated in the RFI:**

- Current RCCO regions,
- Current BHO regions,
- Alignment with existing client utilization and care patterns,
- Alignment with referral patterns between providers,
- Consideration of CMHC catchment areas,
- Consideration of FQHC locations,
- Alignment with local public health catchment areas,
- Alignment with the Insurance Geographical Rating Areas,



- Consideration of SEP catchment areas,
  - Consideration of CCB catchment areas,
  - Other considerations. Please describe.
- 
- Kathryn Jantz stressed the importance of the committee's participation and asked that the PIAC work to prioritize these factors – as possible – during the committee meeting today.
  - Question: Was there any emphasis on the cultural makeup of these regions?
  - Response: In the first iteration of the ACC Program, it was not a main factor used in creating the original maps.
  - The Department distributed current RCCO, BHO, LPHA, Health Insurance Geographic Rating Area, FQHC, CMHC, and other maps to the committee.
  - Department: You are already no doubt familiar with these maps. We are distributing them for your quick reference for our conversation. If you need more data about them, it is available online.
  - Committee Chair: It is important that we discuss what criteria should be considered and how they should be weighted when designing the maps.
  - Comment: In Larimer County, we have created relationships because of the configuration of the maps. Providers and practices are concerned that they may have to "start over" or work with another vendor. It would be ideal to align with the BHO maps, but, in reality, even the northern and southern parts of the county have different types of arrangements and relationships.
  - Kathryn Jantz: Let me get some insight into your comment. Do you think it's more important to keep the existing structure than it is to align the maps used for behavioral and physical health?
  - Comment: That's a tough question; what would be best is for our community to stay with our current RCCO.
  - Department question: Is your concern with the possibility of a new RCCO, or is it with the possibility of the relationship changing because of the map?
  - Comment: The concern is with the change in RCCO. Relationships take a very long time, years, to develop. If RCCOs change every three or four years, practices will not want to participate.
  - Kathryn Jantz: I can appreciate what you're saying. However, we are required by procurement law to ensure a fair, open procurement. That means who the vendor will be is a matter of contest
  - Question: Enrollment varies considerably by region. Will enrollment numbers or total regional population factor in to the maps for the rebid?
  - Department question: Do you think that's important?



- Comment: I believe that balancing population between the regions was a factor during the first RFP.
- Department clarification: There was an attempt to ensure each region would have a sufficient number of residents. However, there was never an attempt to make the number of people comparable between the different regions of the state.
- Comment: What's more important than regional population [is to not take steps backwards] in terms of the relationships that have been formed. That is also more important than aligning the regions.
- Comment: To reframe that, I think relationships and the quality of clients' care is, and should be, of the utmost importance.
- Committee chair: The Colorado Coalition for the Medically Underserved would be happy to connect the Department with people who can discuss care patterns. Client access to care – and those care patterns – are the most important from our perspective.
- Comment: I will second that perspective. If RCCOs can "follow the natural flow" of clients to care, they will be better able to influence quality, access, and outcomes.
- Kathryn Jantz: One caveat: we have researched referral patterns in the recent past. A large proportion of all referrals are to the Denver-Metro area. This makes the use of maps drawn on the basis of referral, and some care, patterns impractical. How do we do this and still respect the local and regional strengths and needs of those areas which participate?
- Question: Every area as utilization patterns that reflect that area's unique needs. This drives certain services. Are we giving consideration to those diverse needs?
- Response: We have been discussing the role of the community as being more granular than is the level of the region. Those conversations are ongoing, but we would appreciate any feedback you can give us in this regard.
- Comment: Access to care needs to be very high on the list. We are held back from treating patients because they are not in the right BHO, yet they are in the RCCO and can go wherever they want.
- Marceil Case, Provider Relations Manager, discussed the BHOs' responsibilities and the ways in which providers can contract with them.
- Question: Does all of this somehow make it less important to align the regions, though?
- Comment: Alignment is still important. However, there are different ways to handle enrollment and attribution that may make the map less of a



contentious issue. Today, enrollment to a RCCO is based on the county of residence for a client. However, if enrollment to a RCCO were instead based on that person's PCMP, does that change our conversation about what the map should look like?

- Kathryn Jantz: In large part, perhaps. But we would still need a geographic map for all of our unattributed clients.
- Comment: Okay, there would need to be geographic maps to assign the unattributed folks to a RCCO. But if most RCCO connections were based off of relationships with providers, then, from a client's perspective, it would be easier to know your RCCO. From a RCCO's perspective, it would be easier and more efficient to coordinate care.
- Question: Can the Department please discuss two things: first, will there be more than 1 RCCO per region? Second, how does the State feel about having more regions than we currently have today?
- Kevin J.D. Wilson: We have not made any concrete decisions on those points. However, I can give insight into what we've heard. Through the RFI, our stakeholders noted that having more than one RCCO per region would be too confusing and burdensome for providers, clients, and our partners. Returning to our conversation earlier, in some geographic areas there just are not enough people to sustain multiple organizations per region. However, the one exception that we heard consistently was the Denver Metro area. Because of the large number of providers, specialists, hospitals, and traditional health plan entities in and around Denver, we heard that this area should be considered separately. As to the number of regions, I did not get a sense that anyone wants drastically smaller or larger regions, nor a significantly higher or lower number of regions.
- Question: It sounds like the data available to evaluation priorities has its limitations. Is there a way to analyze what we already have further?
- Kathryn Jantz: Ongoing data analysis will be a part of our process.
- Comment: Let the communities that will be impacted wrestle with this.
- Question: How important are the community mental health center catchment areas? Is it a big deal as far as referral patterns are concerned?
- Comment: Based on the back-and-forth related to contracting with the BHOs to see a client, how important is it to prioritize the BHO regional maps near the top of our list?
- Question: How long do communities and stakeholders have to provider input on priorities?
- Kathryn Jantz: We would like your input on how best to do that.



- Comment: The printed CMHC map appears to be inaccurate.
- The Department retracted the CDHS Office of Behavioral Health map of CMHC catchment areas.
- Comment: If it's proper to accept vendors' advice, it may be helpful to bring the BHOs into this conversation.
- Question: Is a similar conversation happening with the Behavioral Health Organizations?
- Comment: We can create a system that allows the RCCO and BHO to work together, rather than having to be the exact same thing? It seems like El Paso and Elbert Counties would be really impacted.
- Todd Lessley, chair of the Provider and Community Issues Subcommittee, offered the committee as a venue to provide feedback to the Department on the map questions.
- Kathryn Jantz: While we don't have a set-in-stone deadline for this, we do need to move quickly. I will work to get you a timeline.
- Question: Is it appropriate to take these questions to our constituent to discuss and provide feedback?
- Kathryn Jantz: Yes, we are happy to be a part of those discussions if you think it would be helpful to have either or both of us present.
- Kathryn Jantz: We will distribute an online survey to the voting members of the Committee asking you to rank in order of importance these criteria we've discussed today.
- Next month, we will be discussing in depth the care coordination question we brought to the committee in January. If you have questions in the meantime, contact us at: [RCCORFP@state.co.us](mailto:RCCORFP@state.co.us)
- The balance of the time was yielded back to the committee.

## 6. Other committee business.

- The committee discussed attribution, program updates, and received subcommittee updates.



## 7. Public Comment and Future Agenda Items

## 8. Adjourn and Next Meeting

With no further items on the agenda, the meeting of the PIAC was adjourned. The next scheduled meeting of the ACC Program Improvement Advisory Committee is at 10:00 a.m. on Wednesday, April 15, 2015 in the 11th floor conference room (AB) of 303 E. 17th Avenue, Denver, CO.

Additional information is available here:

<https://www.colorado.gov/pacific/hcpf/accountable-care-collaborative-program-improvement-advisory-committee>

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the PIAC Committee Coordinator, Erin Miller, at 303-866-3097 or [Erin.Miller@state.co.us](mailto:Erin.Miller@state.co.us) or the 504/ADA Coordinator [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting.

